

2018-2019 School year  
Deadline: April 16, 2018

## CADDO PARISH PUBLIC SCHOOLS REQUEST FOR TRANSFER OUT OF ATTENDANCE AREA

For Residents of Caddo Parish ONLY

Name of Student (Please Print)	Grade for 2018-2019	Date of Birth	Ethnic Code (listed below)	Gender	CPSB Zoned District School	Present School Attending	School Requested (List ONE)	Was a Transfer Approved Last Year?	Does child receive Special Education or 504 Services?	For Office Use Only
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*List ONLY the children in the family applying for the same school*

								<input type="checkbox"/> No <input type="checkbox"/> YES-type <input type="checkbox"/> M to M <input type="checkbox"/> Hardship <input type="checkbox"/> Medical	<input type="checkbox"/> Special Education  <input type="checkbox"/> 504	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (reason) _____
								<input type="checkbox"/> No <input type="checkbox"/> YES-type <input type="checkbox"/> M to M <input type="checkbox"/> Hardship <input type="checkbox"/> Medical	<input type="checkbox"/> Special Education  <input type="checkbox"/> 504	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (reason) _____
								<input type="checkbox"/> No <input type="checkbox"/> YES-type <input type="checkbox"/> M to M <input type="checkbox"/> Hardship <input type="checkbox"/> Medical	<input type="checkbox"/> Special Education  <input type="checkbox"/> 504	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (reason) _____

Ethnic Codes:    0-White            1-Black            2 – Hispanic            3 – Asian            4 – Native American/Alaskan Native            5 – Hawaiian/Pacific Islander

NAME Parent / Legal Guardian (PLEASE PRINT)	Address			Home / Cell Phone	Work Phone
	Street / Apt. Address	City	Zip Code		

Type of Transfer Requested (Choose **ONLY** one):     Majority to Minority     Medical (*NO Transportation provided*)     Hardship (*NO Transportation provided*)

1. Hardship and medical transfers **EXPIRE AT THE CLOSE OF THE 2017-2018 SCHOOL YEAR AND MUST BE REQUESTED FOR RENEWAL BY THE DEADLINE OF APRIL 16, 2018.** Supplementary forms and documentation must be attached. Incomplete applications will not be considered for placement.
2. Bus transportation is NOT provided for Hardship and Medical transfers per CPSB Policy EEA.
3. Questions regarding LHSAA rules and the student ability to participate in high school athletics after receiving a transfer must be directed to the CPSB Supervisor of Athletics.
4. The following will be used as criteria to approve or deny a transfer: Date/Time of receipt, space availability, student's grades, discipline and attendance records.

I have read the Instructional/Information Sheet and the terms listed above. I attest that the information I have provided is accurate. My signature indicates agreement with the terms listed above.

NOTARY STATE ID#  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN  
(Must be signed in the presence of a Notary)

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Notary: \_\_\_\_\_ SEAL: \_\_\_\_\_

**OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Director of Attendance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Routing: ORIGINAL – DIRECTOR'S OFFICE*

*COPY to Parent/Legal Guardian*